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Beacon Light: October 1987

St. Cloud Hospital

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Saint Cloud Hospital Beacon Light

Nursing

Competency-based orientation gives credit for skills, experience

Providing credit for previously attained skills and past experiences is an innovative idea and a key factor in attracting registered nurses (RNs) to The Saint Cloud Hospital. Considering individual strengths and weaknesses enables managers to provide a more beneficial orientation for new employees.

Implementation of the competency-based orientation (CBO) program at The Saint Cloud Hospital will begin Nov. 1. This individualized approach will include two basic tools: the competency statement inventory and the competency statement record. On the competency statement inventory the orientee documents previously acquired theory and skill levels on a 0-5 scale. The competency statement record will document experiences gained during orientation.

"Competencies are unit based and specifically designed for each hospital department," said Roberta Basol, CCRN, critical care educator. "Competency-based orientation provides an individualized orientation by facilitating learning instead of instructing."

The length of orientation for an RN is determined by individual skills and experience. A staff nurse works with an orientee during the clinical experience process and validates competencies along the way. This staff nurse is called a preceptor and works on a one-to-one basis with orientees.

Preceptors are chosen by unit managers and must meet developed criteria. Included in the



Addie Armstrong, nursing orientation coordinator, and Roberta Basol, critical care educator, discuss plans for the competency-based orientation program.

guidelines are: clinical expertise, an affinity for teaching, a friendly disposition, good social skills and sincere support of co-workers. As a resource person, the preceptor focuses on the needs of the orientee. Each preceptor carries a normal case load in addition to the responsibility of an orientee.

Registered nurses who are newly employed at The Saint Cloud Hospital participate in a one to three day general nursing service orientation with independent learning activities. Next is a nursing department orientation with still more independent learning activities. The third step is the orientation on a specific unit where preceptors play a major role.

"We've heard nothing but positive statements about preceptors," according to Basol. "This method of training has been used in critical care for two years and has worked beautifully."

Orientees work the same shift as their preceptor so their experience is a realistic example of what's ahead. They know what an actual patient load is and they gain socially by interacting with staff from the beginning.

"The preceptor system has proved to be a beneficial strategy for preceptors to review the standards of care, keep up to date on current practice and be more responsible and accountable for their performance," Basol said.

Management applauds CBO as a money saver and a more efficient method of orientation. Six check lists will be eliminated due to the implementation of CBO thus greatly reducing mounds of paper work. In some instances, CBO has cut orientation time from 59 hours to 14 hours. Recruitment is more exciting because CBO offers an attraction to RNs who favor individualized orientation and recognition of skills and experience.

"During orientation several areas are covered so the RNs become familiar with our hospital's protocol," Basol said. Specifically included are: chart documentation, nursing process and care planning, equipment review, medication administration, a computer class and infection control.

Competency-based orientation originated in 1979 in Pennsylvania by Dorothy del Bueno. Only two hospitals in the Twin Cities use this method of orientation at the present time.

Under the directive of Sister Kara Hennes, vice president of nursing, a task force was formed in 1987 to establish CBO. Co-chairs Addie Armstrong and Roberta Basol were appointed with Linda Chmielewski as administrative liaison. Armstrong is an RN and the nursing department's orientation coordinator. Chmielewski is the director of inpatient services.

Written by Anaclea Martina

Mark your calendars: Holly Ball to take place Dec. 5



The theme "A River City Christmas" stirs thoughts of sipping hot chocolate around a cozy cracklin' fireplace after an invigorating afternoon of ice skating on the river.

The warm thoughts may be the same but the menu and activities will be a bit different at the 13th Annual Holly Ball.

The gala event will take place Saturday, Dec. 5 at the Holiday Inn in St. Cloud. The schedule of activities will include cocktails at 6:30 p.m. and dinner served at 7 and 8:30 p.m. followed by dancing from 9 p.m. to 1 a.m.

Holly Ball attendees will feast on a menu of cream of mushroom soup, romaine, fruit and nut salad, filet of walleye Mississippi, butter and dill carrots, and French silk

pie. Dinner music will be provided by the Larson/Wick Duo. All will be able to dance to the tunes of the River City Jazz Band.

For the second straight year The Saint Cloud Hospital hospice program will receive all of the donations from the Holly Ball. "The Holly Ball Committee feels the hospice program is such a personal way to help patients," said Barbara Brown, manager of volunteer services. "Donating this money is a way we can truly help people during a crisis time in their lives. The program helps people of all ages, not just the elderly, but mothers and fathers with young children, too."

Tickets are \$30 per person with \$15 tax deductible. Those contributing \$100 or more become "Friends of the Hospital." A

contribution of \$100 will qualify the donor as a "Silver Friend of the Hospital." They are entitled to two tickets and a \$70 deduction. "Gold Friends of the Hospital" are those who contribute \$200. They will receive four tickets and a \$140 tax deduction.

The Holly Ball is a joint effort of The Saint Cloud Hospital Auxiliary, the Stearns-Benton Medical Auxiliary, and the West Central Dental Auxiliary. This year's co-chairs are Betty Bakke, Kay Vander Stoep, and Jennifer Peterson.

For ticket information, contact The Saint Cloud Hospital Volunteer Services offices at 612-255-5638.

Written by Diane Hageman

ON THE COVER: Registered nurse Mary Zyvoloski helps orient Nancy Ford, RN, in the critical care unit. See story above.

Cardiac surgery

Cardiologists, surgeon gear up for implementation of program

EDITOR'S NOTE: This is the second story in a two-part series on the implementation of cardiac surgery at The Saint Cloud Hospital.

"The Saint Cloud Hospital (SCH) has the potential of becoming a referral center in Central Minnesota for cardiovascular surgery," according to Dr. Craig Stevens, cardiologist on the medical staff at SCH and member of the St. Cloud Medical Group, PA. "Last year alone I referred 50-70 patients to Abbott-Northwestern Hospital's Minneapolis Heart Institute. These patients would have considered it a real bonus to be able to stay in their own community for care."

Heart surgery at The Saint Cloud Hospital is scheduled to begin during the spring of 1988. Cardiologists Craig Stevens, Pradub Sukhum, Ben Johnson and John Mahowald are the team members who will be involved with the implementation and the process. "I view this as a positive move for the community," Stevens said.

Stevens sees his role as primary caregiver increasing for each surgical patient because of aftercare needs. "The role of everyone involved will increase as The Saint Cloud Hospital implements cardiovascular surgery," Stevens said. "All facilities are intact and we have the people."

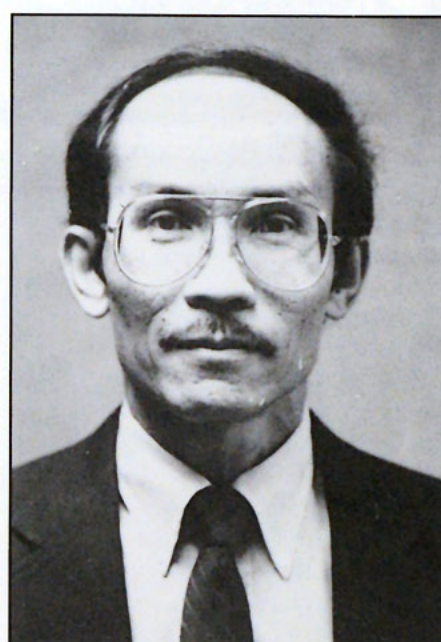
SCH's cardiac surgeon

Dr. Michael Buch, the doctor chosen to be the heart surgeon at SCH, visited the facility recently. "I was most impressed by the way the cardiology department has been methodically prepared for heart surgery under the leadership of Dr. John Mahowald," Buch commented. Mahowald came to SCH four years ago and since that time three cardiologists and state-of-the-art equipment have been added.

Buch has also been dedicated to a plan to build an open heart surgery program at SCH. He will join the hospital's medical staff with impressive credentials. He received his medical degree from the University of Michigan Medical School in 1978. From 1978 until this year he trained at Cedars-Sinai Medical Center in Los Angeles where he did his internship, general residency, chief residency, cardiothoracic surgery residency and cardiac surgery fellowship.



Heart surgeon Michael Buch (left) and cardiologists Craig Stevens (middle) and Pradub Sukhum look forward to the opening of the cardiac surgery program in spring. Other cardiac team members include cardiologists John Mahowald and Ben Johnson.



"As a clinician, I feel it is important to care for the whole person," Buch said. "The Saint Cloud Hospital provides quality care close to home for people in a wide geographical area, and patients prefer to be close to home when they are ill. A sense of security and comfort is felt when patients can stay in or near their own community and family members can visit and participate in recovery more easily." The Saint Cloud Hospital is fully equipped to care for the needs of a patient with coronary artery disease.

Buch is a member of Cardiac Surgical Associates affiliated with the Minneapolis Heart Institute of Abbott-Northwestern Hospital. The Saint Cloud Hospital will have a direct link to this Minneapolis facility which will increase physician and patient access to cardiac care.

"The close relationship between The Saint Cloud Hospital and this highly-regarded surgical group affiliated with Abbott-Northwestern Hospital will ensure a top quality heart surgery program from the onset," Mahowald said.

Bypass surgery

For thousands of people each year, bypass surgery can successfully relieve the symptoms of coronary artery disease. This surgery is recommended if medications no longer relieve angina (chest pain or pressure), if the coronary blockage is life threatening or if complications set in after a heart attack.

"After a patient is determined to have a narrowing of the arteries denying oxygen-rich blood to the heart, steps are taken to treat the

problem," Buch explained.

"We do not cure hardening of the arteries," Buch emphasized. "The surgery relieves symptoms and has the potential to prolong life. It is important that patients get a complete package of rehabilitation and pay attention to risk factors. The Saint Cloud Hospital has the trained staff and the required equipment to provide full rehabilitation services to patients of the cardiac surgery program."

"Vein grafts, which take place during bypass surgery, will last according to lifestyle," Buch said. "Stopping smoking and eating a low cholesterol diet will increase graft longevity."

Every bypass surgery is different because each patient has special needs. "The physician customizes the surgery according to individual case requirements," Buch said. "The surgeon has two choices for vein grafts. The saphenous vein from the leg or the internal mammary artery from the chest wall can be used."

The vein graft detours the blood around the damaged or blocked areas of the coronary artery so the blood flow to the heart is increased. The purpose of the bypass is to improve the flow of blood to the heart muscle. A greater flow of blood to the heart can mean fewer episodes of angina or no episodes at all. The need for medication is reduced and a capacity for exercise improves.

Recovery

Recovery for the first 48 hours takes place in the intensive care unit. From there a patient is

transferred to telemetry where the heart is continually monitored as the patient begins active participation in rehabilitation. SCH has full critical, intensive and telemetry unit services.

"The nursing staff is looking forward to caring for persons having heart surgery," according to Beth Honkomp, manager of critical care at The Saint Cloud Hospital. "This is another type of patient for whom our competently-trained and well-educated staff will be able to provide care. We have expert medical and surgical skills that will enhance the implementation of cardiovascular surgery."

Several types of specialized cardiac care are recommended as a patient makes the transition from ICU to leaving the hospital. Physical therapy treatment gradually increases walking capabilities and helps other body functions return to normal. Respiratory therapy is essential in preventing lung complications after surgery. Diet counseling helps in food preparation of low-fat and low-cholesterol meals once a patient returns home. Occupational therapy prepares a patient for daily activities without becoming overly tired. The goal is to return to a normal lifestyle so the patient is encouraged to take an active role in recovery.

"I'm going to play a small part in the patient's life," Buch said. "The cardiologist and family practitioner will share a life-long contract with the person who undergoes cardiovascular surgery."

Written by Anaclea Martina

Emergency Trauma Center nurse reaps benefits of successful weight loss through Optifast program

A year ago when her daughter left home and her best friend moved out of town, Renee Paul, Emergency Trauma Center (ETC), was left with a large gap in her life. "I decided this was the right time to make losing weight an immediate goal," Paul remembers. "I heard about the Optifast program the hospital was starting and wanted to find out about it. I had lost weight at Weight Watchers, TOPS and all sorts of other weight control programs, but they all had a yo-yo effect. This time I wanted to lose for good."

Optifast is a total lifestyle program developed for persons more than 30 percent, or 50 pounds overweight, according to the Ellyce Hayes, Optifast program director. Its main nutrient is high biological value protein. The flavored powder contains 100 percent of the RDA of vitamins and minerals and is low in carbohydrates and fats.

Paul called Hayes at Health Systems Institute (a division of The Saint Cloud Hospital) for information about the Optifast program and Hayes suggested she come to an orientation meeting. "When I walked into that first orientation, there were around 150 people sitting at tables in groups of 12," Paul recalled. "I kept thinking, 'I don't know if I want anyone to see me here!' I looked at the people sitting there and thought, 'Do I look that heavy?' Then, I was relieved when I saw someone I knew and sat down beside them."

After hearing the orientation, the entire group at the table Paul was seated at wanted to join the program but she was the only one who continued. The drop-out rate, once a person has joined Optifast, is usually low. "No one in our program so far has dropped out



because they can't tolerate the fast," Hayes said. She attributes dropping out to problems such as: nonpayment of insurance, moving, job loss, and not wanting to conform with the program rules.

The average person coming to Optifast has about 70 pounds to lose, is between the ages of 20 and 60 and needs to make some lifestyle changes. The weight loss varies, two-three pounds a week for women, four for men.

Although a large portion of the program deals with losing weight, the most time is spent on refeeding (introduction to food) and maintenance. "Generally, twice the amount of time that has been spent on weight loss is spent on maintenance. We want our people to leave here with the ability to keep the weight off," Hayes added.



"At the orientation meeting, the cost of the program overwhelmed me, but I decided to go ahead with it because it was something I needed to do for me. Diabetes and heart trouble are expensive, too," Paul said. When she made the decision to go into the program, her husband voiced some objections, but later became supportive. Recently she overheard him telling a friend, "Even her disposition has improved."

The cost of the program is high because it is monitored so carefully, Hayes added. The participants see a doctor regularly and also have bloodwork done every two weeks.

After the orientation, and before entering the Optifast program, Paul had to be tested both physically and psychologically to be sure she could succeed within the program guidelines. "The physical is really complete. I was given an ECG, PAP test, bloodwork—the works."

"During the psychological interview, the questions were

Thanks to the Optifast weight loss program, Renee Paul, RN in the Emergency Trauma Center, finds it much easier these days to say "no" to opening the refrigerator for something to eat (far left) than it was a year ago when this photo (left) was taken.

geared toward motivation to lose weight. I was asked about my reasons for wanting to lose weight; my involvement in other weight-loss programs; my family's feelings about me being in Optifast; and any stresses or problems in my life now," Paul explained. When Paul was declared a good candidate, she was admitted to the Optifast program and was assigned to a 10-person support group.

"At the first group session they gave us the 'magic potion,' high protein powder, to be started immediately. It tasted good. It comes in four flavors: chocolate, cherry, vanilla and orange," Paul said. "It takes a few days to adjust to not eating, but eventually you are no longer hungry. You lose your urge to eat and the cravings subside because the diet is so well-balanced," Paul added. "The group support meant a lot to me. We have formed a bond and I look forward to our weekly meetings."

But there's more to Optifast than the "magic potion" and group meetings. Persons in the program are encouraged to exercise and become as active as possible. "The people in Optifast stress equally the change in eating habits and the increase in exercise. Every day I either ride my stationary bike 20 miles or walk four miles. They encourage you to change your weight setpoint early on with exercise. I have lost 65 pounds this way and I plan to keep it off. My daughters and I wear the same size clothes now, and that's a good feeling," Paul said.

Written by Mary Downs

Entrants sought for employee photo contest



Attention Shutterbugs! Now is the time to enter The Saint Cloud Hospital Third Annual Photo Contest. If you are a SCH employee, volunteer, intern, student, or member of the medical staff, you are encouraged to put your photography skills to work. Three prizes will be awarded in each of the following two categories: People/Animals and Scenery/General Interest. Entering the contest is simple, just follow these guidelines: photos can be color or black and white, but they must be 8 x 10 or 8 x 12 photos,

unmounted. Put your name, department, an extension number where you can be reached, and the name of the category the picture is entered in on the back of the photo.

You can enter as many photos as you like, but you can only win one prize.

Photos which have won a prize in any other photo contest are not eligible.

All entries must be turned in to the public relations department, on or before Oct. 30, 1987. For more information, call public relations at ext. 5652.

Mental health services

SCH's adolescent program reprieve for troubled teens

Growing up is no easy task. It takes time, patience and a great deal of understanding. It is a complicated process and problems seem to be inevitable. To help with those trying times during adolescence, The Saint Cloud Hospital has developed a special inpatient adolescent program. The program, which is part of the mental health unit, has been in existence for more than 10 years and continues to expand.

Why a separate program?

"Adolescents have different kinds of problems than adults," said Mike Becker, director of mental health and counseling services. "They really need a separate treatment approach."

Addressing problems teens encounter with self-esteem, peer pressure and maturation is fundamental to the program. "These are common problem areas for most of the patients in the program," said Roxanne Wilson, nurse manager of mental health services. "And because of the problem similarities experienced, these kids naturally become a form of support for each other."

Group therapy is a valuable component of the program not only because of the mutual support that develops between patients but because the teens can learn from each other. "It might be thought of as a kind of positive peer pressure," Wilson said. "It's sometimes easier for an adolescent to take good advice from a peer rather than from an authority."

Since the adolescent program started, the number of admissions has increased dramatically. Three years ago, 90 patients were



Social worker Jeff Fleischmann (pictured above and left) works with adolescents on both individual and group bases.



admitted and in the past year that number climbed to 250. Why the increase? The primary reason stems from the idea that seeking help is now more socially acceptable than it once was. The increase can also be explained by

can lead to suicide. All suicide attempts, no matter how feeble they may seem, must be taken seriously. "We have a lot of cases where an adolescent has taken six or seven aspirin at once or has verbalized often about wanting to die. These kids are reaching out for help and they have to be taken seriously," Wilson said.

Stress is often at the source of the problems that adolescents experience, and because the world seems to be running at a faster pace than it once did, stress is permeating the lives of children at a younger age. Economically it is no longer feasible to have one parent work and one parent stay home. As a result, children are forced to grow up faster and sometimes must function with less support from the family. "That could account for some of the problems we are treating in this program," Becker said.

Treatment

The treatment program incorporates several components. The diagnostic assessment of the adolescents and their families is an essential part of the treatment plan and provides a base for (continued) treatment. Individual, family and group therapy are then pieced into the overall treatment plan. "In this program we stress the importance of getting school, family and community involved in the recovery process," Becker said. "We feel it's essential to get some kind of follow-up support established for our patients before they leave the hospital. That way they're not alone in the battle."

Written by Mary Pat Schnettler

Mental illness in severe cases

Believe it or not

Hospital employees speculate about lunar effects

Throughout the centuries, stories, poems and songs that revealed the legends of the full moon have interested, enchanted and mystified young and old.

What is it about this glowing, distant mass, more than 230,000 miles away, that sparks our curiosity and fear?

Humans have even succeeded in walking on its surface and have studied the environment in hopes of unraveling secrets of its existence. Yet, some things still remain unanswered.

Some are logically explained.



Werewolves that howl at the moon were created within our imaginations; the surface we have concluded is definitely not made of cheese; nor is there a mysterious little man who lives on the moon.

But, what about the other things that are not so easily explained? Are there really more births, accidents and bizarre happenings during a full moon? Some research experts, as well as medical professionals, believe this is a possibility, while others insist it is only a coincidence.

Moon, page 5

Eating disorders coordinator says:

Understanding problem first, most important step in treatment

For people who suffer from anorexia nervosa, food is the enemy. At all costs, it must be avoided. For those who suffer from bulimia, food is a comfort of sorts and a short-term antidote for emotional pain. But before long it becomes the source of great guilt and then something drastic must be done.

Anorexia nervosa is an obsessive compulsive illness which usually involves an intense fear of obesity. Those afflicted with the illness suffer from a distorted self image, a preoccupation with dieting and an extreme loss of weight (20 percent of body weight or more).

Bulimia is characterized by a binge-purge syndrome. An individual with this illness will consume abnormally large amounts of food and then, ashamed of the behavior, will self-induce vomiting or take enough laxatives to dispel the food.

Anorexia nervosa and bulimia are most often associated with puberty. Psychological problems associated with puberty are often found to be the source of eating disorder problems, according to Jean Weitzel, eating disorders coordinator at The Saint Cloud Hospital. "Anorexia and bulimia are characteristically seen in young women who are somewhat insecure and overly concerned about popularity among their peers," Weitzel said.

"Generally, we find these girls to be real perfectionists and people who feel an absolute need to be in control."

A traumatic change of some kind will sometimes precipitate the onset of anorexia or bulimia. The loss of a relationship or a change in schools are two circumstances that are common precipitants, according to Weitzel. Young people in these situations often feel they are losing control of their lives, and that is where the compulsive dieting comes in. Being on a strict regiment gives them the feeling of regained control," Weitzel said.

Fear of maturing and having to accept new responsibilities is another

Moon

Continued from page 4

"I am a firm believer," said Eve Pearson, assistant manager of The Saint Cloud Hospital's maternity unit. "I spent 17 years working in labor and delivery. Throughout that time, I found that more births took place around the full moon."

"Many of the early philosophers believed that birth, growth and death revolve around the phases of the moon," she said.

"Working nights was one of the reasons I paid attention to the full-moon theory. I found we were extremely busy during the full moon and it wasn't necessarily during the night shift," she said. "We could always depend on the full moon to raise the census."

"Before we had calendars, pregnancies were counted by lunar months. This is seen in Indian folklore; so many moons would have to pass before the baby



Consuming junk foods, laxatives and diet pills, and exercising excessively are common behaviors exhibited by those who suffer from eating disorders.

would be born," Pearson said.

"I think each baby that is born at The Saint Cloud Hospital is special. But, I suppose you could call the babies born during this time moon children," she chuckled.

In New York City over a three-year period, a study was conducted to observe the correlation between the occurrence of 500,000 live births with the phases of the moon. A small effect was observed, near the limit of statistical significance. According to the study, births are above average before a full moon and below average after a full moon.

"My personal feeling is that there might be a correlation between the full moon and more admissions to the Emergency/Trauma Center (ETC)," said David Steele, assistant manager of ETC.

"However, my professional belief is that we do not see any more

admissions to the department during a full moon. One study will contradict another," Steele said. "I think it is something people relate to. When it is busy they can say it was because of a full moon."

"I think the general feeling of the professionals I have talked with is that the number of assertive, aggressive and psychiatric cases increases during a full moon," he said. "However, there is no reasonable explanation. It is just a correlation made. I don't know if it is founded or not."

A 1981 study on emergency admissions and the lunar cycle reported an increase in bizarre behavior, assertiveness, aggressiveness, crime rate and arson during a full moon.

Another 1978 study found evidence that more patients were seen on the day of the full moon at a psychiatric department than in

psychological difficulty that is often found to be at the root of an eating disorder. In the case of the anorexic, especially, the body's growth is stunted when it is denied the nourishment that is necessary for physical maturation.

"Subconsciously, many young people in this mindset have a fear of growing up, and starving their bodies is the best way they can think of to stop maturing."

Since October 1985, the eating disorders program at The Saint Cloud Hospital has greatly expanded. Weitzel believes the growth in the program is due to increased awareness and to the surfacing of the physical ramifications of the disorders. With anorexia, there is often a shrinkage of the internal organs, including the kidneys, the heart and the brain. Damage of this kind to the heart muscle, especially, is extremely dangerous because as a heart muscle weakens an irregular rhythm and congestive heart failure become possible.

With bulimia, the digestive organs are hit the hardest and, for that reason, ulcers are quite common. The deterioration of gums and tooth enamel, caused by frequent vomiting, is also a common occurrence.

A consequence of both anorexia and bulimia is the disruption of the menstrual cycle. Many of the young women in the program have very irregular cycles or have a total absence of menstruation, according to Weitzel. "That in itself is a good indication that a woman's body chemistry is not where it should be," Weitzel said. When such physical ramifications occur and the disease becomes debilitating, victims are forced to seek help.

Understanding an eating disorder is the first and most important step of treatment, according to Weitzel. Not only is it essential to educate the patient but also the family and friends. Incorporated into the treatment program at SCH is a combination of physical care, psychotherapy and educational and nutritional counseling.

Eating disorders, page 6

the 10-day period before that day. An increase was also shown in the number of patients seen in the 10-day period after the full moon.

However, the results of another recent study, reported in *Psychology Today*, suggested there was no reliable relationship between the moon and behavior.

The lunar period was compared to a nonlunar period in another study. It appears there was an increase in psychiatric emergencies, bleeding disorders and violent crimes during the lunar period. However, the 0.05 variance was not determined to be statistically significant.

Thus, the moon continues to mystify and enchant us. Who knows what controls these unexplained beliefs. So for now, one can choose to believe it or not.

Written by Chris Hanson

Gifts & Memorials

The end of the year is a popular time for charitable giving. All year we at The Saint Cloud Hospital (SCH) receive much-appreciated gifts of all types, and as the year draws to a close most people reassess their gift giving. They may find that they have more money available to give than they thought. Or they may find tax advantages through charitable giving.

1988 TAX RATES

If you are in the process of reviewing your tax situation for this transitional year under the Tax Reform Act of 1986, you might find your tax savings from charitable gifts may never be greater. In 1988 tax rates are going down again—by as much as 27% for many people. Donors in 1987 can get back as much as \$385 in tax savings for a gift of \$1,000. After 1987, most donors will save only \$280 for the same gift.

PLAN ITEMIZED DEDUCTIONS

If you itemize your deductions, there are many factors that affect your taxes. These include your income, charitable gifts, other deductions and your tax rate.

Take a look at your 1987 situation and compare it to your 1988 tax plans. If you expect your taxes to be greater this year, you can probably save more from giving now. The general rule to follow is: the higher the tax rate, the more saved from deductions.

ORGANIZE YOUR SPENDING

If you find your tax rate will drop next year, you should organize your spending during the rest of 1987 to maximize this year's itemized deductions. Because of the sharp increase in the standard deduction rates, 1987 may be the last year many people are eligible to itemize deductions as can be seen in the table below.

STANDARD DEDUCTION RATE TABLE

	1987	1988
Married Couple		
Under age 65	\$3,760	\$5,000
Joint Return		
Single Person		
Under age 65	\$2,540	\$3,000
Couples and		
Singles Over		
age 65	Higher Standard	
	Deductions already apply	

A GIFT TO SCH

Increasing your deductions this year can be challenging. We would like you to consider one deduction that is easy to increase, a contribution to The Saint Cloud Hospital. Suppose your annual gifts to charities add up to \$2,000. If you made your 1988 gifts in late 1987, you could deduct \$4,000 this year increasing your overall tax savings.

But more important, you should feel justifiably proud of what The Saint Cloud Hospital is accomplishing with the help of your donations. Signs of your involvement can be seen through new and expanding hospital services: the maternity unit, the cardiac surgery program, the mobile magnetic resonance imaging unit, the chronic kidney dialysis unit, and we can't overlook the employees and patients who help and are helped as a result of your generosity. You are to be congratulated!

Thank you from each of us for making SCH a valued regional health care facility.

Written by Roger B. Oberg, vice president, marketing and planning

The Saint Cloud Hospital gratefully acknowledges contributions from the following individuals, families, and businesses, received between July and August 1987:

HOSPICE FUND

In memory of:

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by Mrs. Leona Fowler
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by Mrs. Audrey Knutson

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George and Margaret Molus

In memory of Shirley Molus

MARY LINN KNEVEL MEMORIAL

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In memory of G. Perry Olson

PEDIATRICS FUND (GENERAL DEVELOPMENT)

In honor of the 50th Wedding Anniversary of

Mr. and Mrs. Steve Ohmann

Mrs. Louise Hemker

Steve Hemker family

Jane Hemker
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AUXILIARY REMEMBRANCE FUND JULY & AUGUST, 1987

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by Clara Bechtold
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Roy Laramie
by Mrs. Eugene Brannan
Donation
by Anonymous
Irene Heim
by Esther Bechtold
Edna Seckinger
by Wilbur Pierce
Ignatius Fiereck
by Pam & Joe Vogel
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In Memory Of:

John Boothe
by Mr. & Mrs. Val Henning

CARDIAC CARE

In Memory Of:

Mrs. Teresa Fuchs
by Clara Loesch
Howard Donahue
by Beverly Timmers

*\$100 - \$499

**\$500 - \$999

***\$1,000 and above

Eating disorders

Continued from page 5

Anorexia and bulimia can be treated on either an inpatient or outpatient basis, depending on the needs of the individual and the progress of the disease. If the patient has already passed through the beginning stages, treatment requires a difficult change in a learned pattern of behavior, and this process is complex. However, if an eating disorder is discovered in the beginning stages, the treatment plan is much simpler.

Weight fluctuations, excessive interests in diets, refusal to eat with family and friends and evidence of frequent vomiting should be warning signs that something is wrong. Personality changes and a desire for isolation are also suspect. "Some of the primary goals of the program at The Saint Cloud Hospital are to increase awareness of eating disorders and to encourage early consultation and treatment," Weitzel concluded.

For more information about the eating disorders program, call 255-5777 or 255-5663.

Written by Mary Pat Schnettler

SCH expands services as regional medical center



John Frobenius, president

In this issue, you have read the second story of a two-part series on the evolution of cardiology services at The Saint Cloud Hospital (SCH). The program being implemented is the next logical step in a rapidly growing cardiology service at SCH.

We are deeply indebted to the cardiologists at the St. Cloud Medical Group and the St. Cloud Clinic of Internal Medicine, as well as other physicians in the community, for their assistance and leadership in developing this program. We are most appreciative of the efforts of Abbott-Northwestern Hospital, our VHA/North Central partner, for their assistance and encouragement on this project.

The efforts of Dr. Demetre Nicoloff, M.D. and his associates at the Cardiac Surgical Associates, who are affiliated with the Minneapolis Heart Institute, are to be commended. They have assisted us by arranging to bring their program to St. Cloud and providing a physician to practice in the community, Dr. Michael Buch. Cardiac Surgical Associates will serve as back-up to Dr. Buch and will provide Central Minnesota with the expertise of an outstanding cardiovascular team

which will be available from the first day the program is in operation. We are committed to making these services available within the region, and we are very pleased with the efforts put forth for this program.

In addition, we will see significant publicity about The Counseling Center at The Saint Cloud Hospital. This outpatient mental health facility is now open in the north annex on the hospital grounds. Preliminary market research indicated that 65 percent of the residents of the St. Cloud area felt that The Saint Cloud Hospital was the most qualified provider for mental health services in the area.

The opening of the outpatient center, under the medical direction of Ann Kooiker, M.D., with the support of the community psychiatrists, is a significant step for making many behavioral medicine services available to the public. Skilled professionals have

been assembled to work on this project and we are excited about its future.

Also this month we will see the opening of a mobile magnetic resonance imaging service on the hospital campus. This service, developed in conjunction with Methodist Hospital and St. Paul Ramsey Medical Center in the Twin Cities, will bring the latest high technology diagnostic imaging systems to this community. We anticipate a high acceptance of this imaging facility and feel that within three years the mobile unit will be replaced by the installation of a permanent facility.

We, at The Saint Cloud Hospital, will continue to explore and implement new services which will enhance accessibility to current medical technology for all Central Minnesota residents.

*Written by
John Frobenius, president,
The Saint Cloud Hospital*

Beacon Bits

Director of mental health and counseling services receives certification

Michael Becker, director of mental health and counseling services, was recently granted the status of certified mental health administrator by the Association of Mental Health Administrators.

The advancement is accomplished only after presenting evidence of professional growth and development, and most importantly, passing the board of governors examination. A certified mental health administrator is committed to 30 hours each year of professional continuing education in management.

Watercolors and pastels featured in this month's art exhibit

Each month The Saint Cloud Hospital Auxiliary sponsors an art exhibit in the hospital's main floor corridors. This month's show features watercolors and pastels by Jan Schnelly of Foreston, MN. The work can be seen and purchased during gift shop hours which are from 9 a.m. to 8 p.m. weekdays, 10 a.m. to 5 p.m. Saturdays and noon to 4 p.m. Sundays.

The Counseling Center hires psychotherapist

Diana Felix has been named outpatient psychotherapist for the

counseling center at The Saint Cloud Hospital. She previously worked as a nurse clinician and therapy team leader for the mental health unit. In her current position, she will focus on women's issues, but will be available for all clients.

Wanted: old photos of hospital or its services

The Saint Cloud Hospital is looking for old photographs of the hospital or hospital services. If you have any 5 x 7 or 8 x 10 glossy photos you would like to donate, please send them to or drop them off in the public relations department, third floor north annex.

Employee craft sale

The Saint Cloud Hospital's Annual Craft Sale will be Friday, Nov. 13 and Saturday, Nov. 14. Employees, volunteers, students and physicians are invited to participate. Nov. 2 is the deadline for signing up for booth space. For more information, call Marge Kuechle at 255-5619.

Preparation for smoke-free hospital nears completion



As the activities of The Saint Cloud Hospital's smoke-free task force approach their completion, the hospital lends its support to the smokers and looks forward to becoming St. Cloud's smoke-free regional medical center. The smoke-free date is Nov. 19, 1987. The facility will be smoke-free except for a smoking area on the first floor for visitors, and small smoking rooms in the alcohol and chemical dependency and mental health units.

Construction of new maternity unit underway



SCH's maternity unit was literally gutted to make way for 28 new private rooms. The renovation continues to progress on schedule and should be complete by July 1988.



*New nursing orientation program to begin at SCH
See story on page 1.*

SCH helps set the pace of United Way campaign



United Way

It brings out the best
in all of us.™

The United Way campaign has once again brought out the best in The Saint Cloud Hospital's (SCH) employees. Chosen as one of St. Cloud's United Way Pacesetters, SCH surpassed the goal of \$42,000 and raised \$50,303. This amount is also above last year's donations of \$44,019. The campaign ran from Aug. 26-Sept. 16.

Almost 68 percent of SCH's employees participated in the campaign. Chuck Dooley, information services, and Joe Bauer, critical care unit, co-chaired the United Way Blue Ribbon Committee composed of 50 Saint Cloud Hospital employees. "We really appreciated the quick response of all those who donated," Dooley said. "It was their generosity that made the campaign

a success."

All participating employees were eligible to win one of 17 prizes given away including a 19-inch color TV, four \$25 cash prizes and monthly parking ramp spots.

Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

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Address Correction Requested

Saint Cloud Hospital, founded in 1928, is a 489-bed hospital sponsored by the Sisters of the Order of St. Benedict and the Diocese of St. Cloud. Saint Cloud Hospital adheres to the Ethical and Religious Directives of the Catholic Church in providing health care services to the community it serves.

Saint Cloud Hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals (JCAH).

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